	er 2005 ve CSD-Dept. of I	Parks and	Tea reati		-	(circle one)	Winter/Spring Su	ummer Fall	League:	(circle one) Co-ed	Men's	Women's	Office Use Only Date Rec'vd:
Asst Mgr	Name Name aximums - 15 players						Eve Phone			E-mail E-mail			Rec'vd By:
	Night LCP Softball:	(circle one) (circle one)					League: (circle one) League: (circle one)		Men's D Men's D			File • Emergency	Yes No Packet Sent On
	first choice: second choice: Basketball: Yolleyball: Fastball:	(circle one)	Tu Tu Tu Tu	w	F	Su Su Su	League: (circle one) League: (circle) League: (circle) League: (circle one) League: (circle one)	Men's D Men's C Co-ed Grass		Co-ed D Co-ed D Men's D Power		Medical · Parks & Recreation ELK GROVE COMMUNITY SERVICES DISTRICT	

All players listed below must sign this Roster/Agreement as specified in the policies and procedures for the league. Entire roster with signed Roster/Agreement must be filed with the department office, along with the league fee. *No player will be permitted to play without the Roster/Agreement signature on file.*

All Players: Read and Sign: HOLD HARMLESS AGREEMENT

The Elk Grove Community Services District (hereinafter the "Elk Grove CSD"), its officers, trustees, agents and employees, and any co-sponsor of this activity, are not responsible for any claim, loss, injury(ies), liability or damages which may be suffered by the Participant while traveling to, during, or returning from the activity designated in this registration. Further, throughout the term of this Agreement, Participant agrees to defend, indemnify and hold harmless the Elk Grove CSD, its officers, trustees, agents and employees from and against any and all claims, losses, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in the activity designated in this registration. Additionally, the Participant [or Participant's parent or legal guardian, if Participant is under age 18] grants the Elk Grove CSD the right to photograph facilities, activities and Participant for potential future use for publicity or promotional purposes. I have read and understand this notice. I agree, with my signature, to adhere to the rules and regulations of the department's Adult Sports Leagues.

	PLAYER	ADDRESS	ZIP	DAYPHONE	SIGNATURE	BIRTHDATE/AGE T-SHIRT SIZE
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